

# COVID-19 Parent Application for Financial Assistance for Emergency Child Care

*You can receive free emergency child care for April and May 2020 (subject to the availability of funds) if you are an essential worker responding to the COVID-19 crisis, you have an emergency child care need and no other child care options, AND you have a household income below the allowed limit. Please complete and sign this application in order to request financial assistance for child care.*

**PLEASE FILL OUT AND SUBMIT THIS FORM DIRECTLY TO YOUR CHILD CARE PROVIDER.**

## I. Parent/Caregiver Information:

Legal Name:

FIRST

MIDDLE

LAST

SUFFIX

Household Street Address:

Apt/Suite #:

THE PLACE WHERE YOU CURRENTLY LIVE

City:

County:

State:

Zip Code:

Mailing Address:

Apt/Suite #:

LEAVE BLANK IF SAME AS HOUSEHOLD ADDRESS

Cell Phone:

Home Phone:

Email:

Date of Birth

## II. Children Information:

List all children for whom you need emergency child care.

	Child First Name	Child Middle Name	Child Last Name	Child Date of Birth
1				
2				
3				
4				

## III. I declare that: PLEASE CHECK BOXES BELOW.

- ☐ I currently have no alternative child care options, and without emergency child care, my child(ren) would have no caregiver while I work.
- ☐ My household has \_\_\_\_\_ individuals, and my household income is below the income limit based on the number of people in my household (see chart below):

Persons in Household	2	3	4	5	6	7	8
Income Limit	\$51,720	\$65,160	\$78,600	\$92,040	\$105,480	\$118,920	\$132,360

\*For household size greater than 8 people, add \$4,480 for each additional person starting with the 9th person.

\*Households with income above the indicated limits do not need to fill out this form to access care and will be charged full price by the provider.

- ☐ I am an employee of a COVID-19 Essential Business and Operation, as referenced in the Governor's [Executive Order 121](#).

**Please check which category of Essential Business and Operation you work in:**

- ☐ Emergency staff, first responders, or public safety officers
- ☐ Hospital staff and front-line healthcare providers
- ☐ Nursing and adult group home staff
- ☐ Child care program staff
- ☐ Food service staff
- ☐ Other employees working to keep our communities safe and healthy during COVID-19  
(please list employer): \_\_\_\_\_

**IV. Have you ever been disqualified from the NC Subsidized Child Care Assistance Program?** ☐ Yes ☐ No

**V. Do you have assets that exceed one (1) million dollars?** ☐ Yes ☐ No

**VI. Do you need child care greater than 55 hours per week?** ☐ Yes ☐ No

If parent answers Yes to questions IV, V, or VI, child care provider should contact the DCDEE Subsidy Unit at 919-814-6380.

**VII. Voter Registration**

Are you registered to vote? ☐ Yes ☐ No If you are not registered to vote where you live now,  
would you like to apply to register to vote here today?  
☐ Yes ☐ No

You can also register to vote online here: English – [https://dl.ncsbe.gov/Voter\\_Registration/NCVoterRegForm\\_06W.pdf](https://dl.ncsbe.gov/Voter_Registration/NCVoterRegForm_06W.pdf) or Spanish – <https://www.ncsbe.gov/Portals/0/Forms/NCVoterRegForm09W.pdf> (If you do not answer the question, you will be considered to have decided not to register to vote at this time).

**VIII. U.S. Citizenship Status:** SELECT ONE.

- ☐ Child(ren) is a U.S. Citizen
- ☐ Child(ren) is a legal U.S. Non-Citizen (residing in the U.S. legally). This includes Refugee, U.S. Citizen/Naturalized Citizen, U.S. Non-Citizen National, or Documented Alien.

☐ I understand that my child(ren)'s name and date of birth will be shared for the purpose of processing payment.

☐ I understand that this emergency care will only be provided for April and May 2020. I understand that after May 31, 2020, additional months of emergency child care may be available if needed and should funding be available. I understand that I may also be eligible for subsidized care based on my income and continued need for care after the emergency child care program has ended. I will contact my local Department of Social Services to inquire about applying for subsidized child care after the emergency child care program ends.

**SIGNED:**

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

The information provided is true and accurate, and I have not knowingly made a false statement or misrepresented a material fact, omitted or failed to disclose a material fact, or submitted inaccurate records. I understand that an intentional false statement or representation, omission, or submission of inaccurate records may lead to sanctions or other legal actions.

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